

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030629

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. *128*Primary Registration District No. *2000*Registrar's No. *1283*

FILED AUG 31 1962

## 1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN SPRINGFIELDLength of stay in 1b  
25 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

STATE MISSOURI

b. COUNTY

GREENE

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION BURGE HOSP.Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
1030 E. NORMALReside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

RALPH

Middle

B.

Last

HEDRIC

4. DATE  
OF  
DEATH

Month

Day

Year

AUG. 21 1962

5. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
6/29/099. AGE (last birthday)  
53IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

SALESMAN

SHOE MANUFACTURER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
KNOXVILLE, TENN.12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

HOMER HEDRIC

13b. MOTHER'S MAIDEN NAME

EMMA O'NEAL

14. NAME OF HUSBAND OR WIFE

FERN HEDRIC

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, No or unknown) (If yes, give war or dates of service)  
NO

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
FERN HEDRIC, 1030 E Normal, Springfield Mo18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*pyelonephritis*INTERVAL BETWEEN  
ONSET AND DEATH  
3 daysConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

*pelvic abscess*

5 months

DUE TO (c)

*Peritonitis Sigmoid Colon*

5 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *8-12-62* to *8-20-62* and last saw her alive on *8-19-62*  
Death occurred at *4 A.M.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BURIAL

8/22/62

GREENLAWN

SPRINGFIELD, MO.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

H.H. LOHMEYER FUNERAL HOME  
SPRINGFIELD, MO.

8-29-62

Effie E. Meeter

T.E. Ashley  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59*6397**30397**3**4 0**5 1**6**7 1**8 2**9 572.1**10**11**12 1-0**13*

FEB 13 1963  
SEP 4 1962

Permit 8-22-62

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William T. Swadley

Licensed Embalmer No. H815

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.